

FCC Mailroom



Bristol Bay Area Health Corporation 6000 Kanakanak Road P.O. Box 130 Dillingham, AK 99576 (907) 842-5201 (800) 478-5201 FAX (907) 842-9354 www.bbahc.org

Bristol Bay Area Health Corporation is a tribal organization representing 28 villages in Southwest Alaska:

Aleknagik

Chignik Bay

Chignik Lagoon

Chignik Lake

Clark's Point

Dillingham

Egegik

Ekuk

Ekwok

Goodnews Bay

Ivanof Bay

Kanatak

King Salmon

Knugank

Koliganek

Levelock

Manokotak

Naknek

New Stuyahok

Perryville

Pilot Point

Platinum

Port Heiden

Portage Creek

South Naknek

Togiak

Twin Hills

Ugashik

November 20, 2017

Marlene H. Dortch, Secretary
Federal Communications Commission
445 Twelfth Street, S.W.

Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Bridging the Digital Divide for Low-Income Consumers, WC Docket No. 17-287; Broadband-Enabled Health Care Solutions, GN Docket No. 16-46; Rural Health Care Support Mechanism, WC Docket No. 02-60; Federal-State Joint Board on Universal Service, CC Docket No. 96-45

Dear Ms. Dortch:

I am writing to support a letter submitted Nov. 3, 2017 by Alaska Communications proposing a solution intended to address the immediate crisis facing rural health care providers (RHCPs) that submitted timely funding requests to the Universal Service Administrative Company (USAC) for eligible service under the FCC's rural health care (RHC) universal service program. The proposed solution provides a path to ensure adequate funding of eligible services in funding year (FY) 2017 and beyond; it also provides a method of redress for the shortfall that occurred in FY 2016 because of pro rata reductions to approved RHC applications filed between September 1st and November 30, 2016. Nothing in the proposal detracts from any universal service program or "moves" funds from one program to another.

The proposal draws on the relationship between programs that serve many of the same constituents. RHC support and the low-income (LI) program, comprising "Lifeline" and "Link Up" support, both address the needs of low-income consumers in rural areas of the nation.

The budget for the LI program is far greater than that for RHC support — as of 2016, it was set at \$2.25 billion and indexed for inflation. However, demand for LI support has declined from \$2.1 billion in 2012 to less than \$1.6 billion in 2016. USAC expects LI support to continue to decline to roughly \$1.3 billion for 2017. LI demand has declined more than \$200 million since the Commission established the current budget, and more than \$800 million from its peak in 2012.

The Commission therefore should take immediate action to address the current crisis in RHC support, taking advantage of synergies between the RHC program and its other universal service programs, by joining the Lifeline and RHC program budgets in a limited way. The annual 2018

Page 1 of 2

No. of Copies rec'd O

Our mission is to provide quality health care with competence and sensitivity

NOV 27 2017

budget for the Commission's LI program is upwards of \$2.279 billion, but demand currently is substantially below that level. The difference between the LI program budget and actual demand for LI support could be used in the near term for the RHC program, to the extent it is not needed to meet LI demand. In the short term, the Commission could waive the self-imposed \$400 million RHC program budget, to the extent that both LI budget difference is available and the RHC program demand is greater than the annual \$400 million budget.

Linking the budgets for the RHC and LI programs is reasonable in light of the interrelated mandates of the Communications Act: (i) that *all regions* of the Nation should have access to advanced telecommunications and information services, (ii) that quality services should be available at just, reasonable and affordable rates, (iii) that consumers in *all regions* of the Nation, including low-income consumers and those in rural, insular and high-cost areas, should have access to telecommunications and information services that are reasonably comparable to those available in urban areas, at prices that are reasonably comparable, (iv) that RHCPs should have access to services at rates reasonably comparable to those charged in urban areas of the same state and (v) that support should be specific, predictable and sufficient to preserve and advance these universal service capabilities.

We request that the Commission undertake these steps without further delay. Health care providers in rural Alaska have made significant strides using telehealth to improve quality of and access to healthcare, while reducing costs. Telehealth has allowed providers to generate EKGs of heart patients, images of ear disease, trauma, wounds and rashes. It is improving mental health care for veteran's and even being used to stem the Opioid crises facing our country.

Thank you for your consideration and support of this important program.

Sincerely,

Green Alank Robert J. Clark rclark@bbahc.org

President and Chief Executive Officer

CC:

The Honorable Senator Murkowski
The Honorable Senator Sullivan
The Honorable Congressman Young